

2011 Direct Insurance Carrier Occupation Tax Certificate Application

Company Name: _____

Company Address: _____

FEIN: _____

Please select the NAICS Code that applies:

- | | NAICS Code | Description |
|--------------------------|-------------------|--|
| <input type="checkbox"/> | 524113 | Direct Life Insurance Carriers |
| <input type="checkbox"/> | 524114 | Direct Health and Medical Insurance Carriers |
| <input type="checkbox"/> | 524126 | Direct Property and Casualty Insurance Carriers |
| <input type="checkbox"/> | 524127 | Direct Title Insurance Carriers |
| <input type="checkbox"/> | 524128 | Other Direct Insurance (except Life, Health, and Medical) Carriers |
| <input type="checkbox"/> | 524130 | Reinsurance Carriers |

| | Number of Additional Locations | Fee | Total Amount Due |
|--|---|-----------------|-----------------------------|
| License fees for additional business locations | _____ | <u>\$100.00</u> | \$ _____ |
| Additional business locations with certain risks | _____ | <u>\$35.00</u> | \$ _____ |
| Subtotal: | | | \$ _____ |
| Insurer Annual License Fee: | | | <u>\$100.00</u> |
| Total Amount Due: | | | \$ _____ |

Signature: _____

Name and Title: _____

Phone: _____

Email: _____

Date: _____

Ken Wright Mayor

Denis Shortal City Council Post 1

Adrian Bonser City Council Post 2

Doug R. Thompson City Council Post 3

Robert Wittenstein City Council Post 4

Danny Ross City Council Post 5

John Heneghan City Council Post 6

O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law. Please note that all applicants who fail to submit this Affidavit must be reported by law to the Department of Community Affairs****

By executing this affidavit under oath, as an applicant for a(n) _____
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dunwoody, Georgia.

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20____.

My Commission Expires: _____

NOTARY PUBLIC/SEAL

Ken Wright Mayor

Denis Shortal City Council Post 1

Adrian Bonser City Council Post 2

Doug R. Thompson City Council Post 3

Robert Wittenstein City Council Post 4

Danny Ross City Council Post 5

John Heneghan City Council Post 6